

 Department of Veterans Affairs		REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING <small>(Under Chapters 30 and 32, Title 38 U.S.C.; Section 903 of PL 96-342; or Chapter 1606, formerly Chapter 106, Title 10 U.S.C.)</small>	
IMPORTANT: Please carefully read the instructions on the reverse before completing this form. Answer all questions fully, and type or print all answers in ink. If additional space is needed, attach a separate sheet and associate your answers to item numbers. The law places certain restrictions on changes of program. (See Paragraph 3 of Instructions.)		1. VA FILE NUMBER C-	
RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Clearance Officer (045A4), 810 Vermont Ave., NW, Washington, DC 20420. SEND COMMENTS ONLY, NOT THIS FORM OR REQUESTS FOR BENEFITS TO THIS ADDRESS.			
2. FIRST-MIDDLE-LAST NAME OF APPLICANT		3. SOCIAL SECURITY NUMBER	4. VA OFFICE WHERE RECORDS ARE LOCATED <i>(If known)</i>
5A. MAILING ADDRESS <i>(No. and street or rural route, city or P.O., State and ZIP Code)</i>		5B. HOME TELEPHONE NO. <i>(Include Area Code)</i>	5C. WORK TELEPHONE NO. <i>(Include Area Code)</i>
6. ARE YOU AN EMPLOYEE OF THE U.S. GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 8)</i>		7A. ARE YOU NOW ON ACTIVE DUTY? <i>(If "Yes," complete Items 7B, 8, 17A, and 17B)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	7B. DATE ACTIVE DUTY BEGAN <i>(Month, day, year)</i>
8. WILL YOU RECEIVE NON-VA EDUCATIONAL ASSISTANCE FROM THE GOVERNMENT FOR THIS PROGRAM OF EDUCATION? <i>(Complete only if you answered "Yes" to Item 6 or 7A)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," give details, including the name of the assistance program, on a separate sheet)</i>			
9. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT WHERE YOU LAST RECEIVED VA BENEFITS		10. ACTUAL OR EXPECTED TERMINATION DATE OF TRAINING PERIOD IN ITEM 9 <i>(Mo., day, yr.)</i>	11. REASON FOR CHANGING COURSE OR PLACE OF TRAINING
PROGRAM OF EDUCATION			
12. VA CAREER PLANNING ASSISTANCE AVAILABLE: If you want a VA counselor to assist you in planning for your education or employment, or if you want information about VA benefits, contact your nearest VA regional office. If you are not in the local dialing area of a VA regional office, call VA toll-free on 1-(800)-827-1000. If you are hearing impaired, dial 1-(800)-829-4833.			
13. IF YOU HAVE SELECTED YOUR PROGRAM, WHAT IS THE FINAL EDUCATIONAL, PROFESSIONAL OR VOCATIONAL GOAL YOU PLAN TO REACH THROUGH THE PROGRAM FOR WHICH YOU ARE APPLYING? <i>(Highest degree or occupation)</i>		14. LIST THE COURSES OR DEGREES REQUIRED BY YOU TO ATTAIN OBJECTIVE SHOWN IN ITEM 13 <i>(List each diploma, degree, or vocational course)</i>	
15. EDUCATION <input type="checkbox"/> A. SCHOOL ATTENDANCE <input type="checkbox"/> D. APPRENTICESHIP OR ON-THE-JOB <input type="checkbox"/> B. INDEPENDENT STUDY <input type="checkbox"/> E. COOPERATIVE <input type="checkbox"/> C. CORRESPONDENCE <input type="checkbox"/> F. FLIGHT		16. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT WHERE YOU WISH TO TAKE YOUR PROGRAM <i>(If different from Item 9)</i>	
ARMED FORCES EDUCATION SERVICES OFFICER'S CERTIFICATION <i>(Servicepersons only. Does not apply to Veterans or Selected Reservists)</i>			
I CERTIFY THAT this individual has consulted with me regarding his or her educational program.			
17A. SIGNATURE, TITLE, AND BRANCH OF SERVICE OF EDUCATION SERVICES OFFICER			17B. DATE SIGNED
INFORMATION REGARDING PRESENT DEPENDENTS <i>(Veterans under Chapter 30)</i>			
IMPORTANT: If there has been any change in the number of your dependents which you have not reported to VA, you should request VA Form 21-686c. Complete VA Form 21-686c and submit it with this application form. If you are submitting VA Form 21-686c, do not complete Items 18 through 21, skip to Items 22A and 22B. If there has been no change in the number of your dependents, please complete Items 18 through 21 to verify your present dependents.			
18. CURRENT MARITAL STATUS <i>(Check one)</i> <input type="checkbox"/> MARRIED <i>(Also complete Item 19)</i> <input type="checkbox"/> UNMARRIED		19. FIRST NAME OF SPOUSE	
20. FIRST NAME(S) OF YOUR DEPENDENT CHILD(REN) <i>(If any)</i>			
21. DO YOU CLAIM ONE OR BOTH OF YOUR PARENTS AS DEPENDENTS? <i>(Check appropriate box)</i> <input type="checkbox"/> NO <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> BOTH PARENTS			
I HEREBY CERTIFY THAT all statements herein are true and complete to the best of my knowledge and belief. If I have requested counseling, I authorize release of school and testing records to VA for use in counseling me and supervising my program of education and training.			
22A. SIGNATURE OF APPLICANT <i>(Do Not Print)</i> SIGN HERE IN INK ►			22B. DATE SIGNED
PENALTY: Willful false statements as to a material fact in a claim for educational benefits is a punishable offense and may result in forfeiture of these and other benefits, and in criminal penalties.			